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## Long-term care home staff, residents struggling with restrictive COVID-19 policies

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A staff member wearing a mask and holding sanitizer greets people entering a building at an Ottawa retirement residence on March 28, 2020.

JUSTIN TANG/THE CANADIAN PRESS

The majority of Canada's COVID-19-related deaths are in long-term care homes and health providers say the restrictive policies meant to reduce disease transmission are causing traumatic death experiences for many residents, family members and staff.

Doctors are able to provide pain relief and palliative treatments to help alleviate any suffering. But many residents aren't allowed to have visitors, don't understand why nurses are wearing face masks and can't be physically touched by care providers when they are dying, which is causing some to experience fear, anxiety and isolation, care providers say.

"It's really hard for the elderly right now. They're the ones struggling the most," said Abhishek Narayan, a physician in the Greater Toronto Area who's been asked to provide care in a long-term care facility.

### **Seniors' care-home neglect is our national shame**

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Deaths in long-term care homes account for 79 per cent of all of Canada's COVID-19-related fatalities, Chief Public Health Officer Theresa Tam said Tuesday, with outbreaks in Ontario and Quebec accounting for many of the cases.

Care providers and experts say most residents are typically not sent to hospitals because long-term care homes are able to provide oxygen, intravenous medications and other therapies to treat people with COVID-19. While intubations can only take place in hospitals, doctors say most frail, elderly people should not undergo this procedure to be placed on a ventilator, because the harms typically outweigh the benefits.

The spread of COVID-19 has forced long-term care homes to ban most visitors, to require staff to wear masks, gowns and gloves, and to isolate some residents to prevent the spread of infection.

While necessary, those protective steps can be difficult for residents and their families, as well as their care providers, said Dr. Narayan.

“The human element of [dying] has been severely impacted by not having someone there holding your hand at the last moment of life,” he said. “We all want someone there with us. That’s been extremely hard.”

Four residents died as a result of COVID-19 in a matter of hours at the home Dr. Narayan is working at, which caused one seasoned nurse to break down and cry.

“Residents are scared. Staff are scared. Everyone is scared something bad is going to happen to any resident at any point,” he said.

Dianne Martin, chief executive officer of the Registered Practical Nurses Association of Ontario, said many residents with dementia feel threatened by staff members who are wearing masks. Others are struggling without visits from family members and without even so much as a comforting hug from a care provider, which can alleviate anxiety and fear, especially as they are dying, Ms. Martin said.

“Quite often, they die alone and we can’t even hug them and we can’t even hold their hand,” she said. “I think they’re suffering.”

Ms. Martin recalled a recent conversation with a long-term care nurse who cried when describing the toll COVID-19 is taking. Many care providers come to view care home residents like family, and the mounting death toll is increasingly difficult to cope with, she said.

“To lose a family member, it’s hard. But when you lose so many of them in such a short period of time, that’s even harder,” Ms. Martin said.

The COVID-19 restrictions are affecting all residents, regardless of whether they have the disease. Care providers are being told to treat everyone as though they have COVID-19 in order to reduce transmission of the illness, Dr. Narayan said.

Several medical directors at long-term care homes and physicians who provide care to seniors’ residences said that staff at long-term care homes are doing the best they can in challenging circumstances to deliver a good end-of-life experience for residents.

Samir Sinha, director of geriatrics at the Sinai Health System and University Health Network in Toronto, said he’s talked to some health providers who are worried about having enough resources to provide a good palliative experience for residents.

“I’ve had some homes tell me they don’t have access to certain things or they’re worried about having access,” Dr. Sinha said.

Fred Mather, president of Ontario Long Term Care Clinicians and a medical director at a care home in Waterloo, Ont., said many are struggling to meet the demands.

“There’s no doubt about it. I think some homes are stretched in all ways,” he said.

Dr. Mather said communities are rallying around seniors’ residences, with hospitals, oxygen supply companies, paramedics and public-health offices providing support to help overworked staff provide a good palliative experience to dying seniors.

For instance, in the Toronto area, palliative care experts have created a dedicated help line that long-term care staff members can call to reach a specialist who can help them provide end-of-life care for seniors with COVID-19.

But Amit Arya, a palliative care physician with Toronto’s William Osler Health System who provides care in long-term care homes and was involved with the creation of the help line, said access to care varies by region.

He described the deteriorating situation in long-term care facilities as a crisis, saying the system must be overhauled to ensure seniors in care homes receive better care, not just during COVID-19.

“It’s a national tragedy that’s unfolding in front of our eyes now,” Dr. Arya said. “It’s sad that this is what it’s taken ... for people to have some awareness of what’s going on behind these doors.”

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